

FORREST GRAY, CDCR#: P56116
Name and Prisoner/Booking Number

CALIFORNIA HEALTH CARE FACILITY
Place of Confinement

P.O. Box 213040
Mailing Address

STOCKTON, CA 95213
City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

FILED

Jan 19, 2022

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA**

FORREST GRAY
(Full Name of Plaintiff) Plaintiff,

v.

(1) DANIEL CASSIE
(Full Name of Defendant)

(2) J. DUENAS

(3) _____

(4) _____

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. 2:22-cv-00099-JDP (PC)

(To be supplied by the Clerk)

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

JURY TRIAL DEMANDED

☐ Original Complaint

☐ First Amended Complaint

☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☐ Other: _____

2. Institution/city where violation occurred: _____

B. DEFENDANTS

1. Name of first Defendant: DANIEL CASSIE. The first Defendant is employed as:
Registered Nurse at California Health Care Facility (CHCF)
(Position and Title) (Institution)
2. Name of second Defendant: J. DUENAS. The second Defendant is employed as:
Correctional Sergeant at CHCF
(Position and Title) (Institution)
3. Name of third Defendant: _____. The third Defendant is employed as:
_____ at _____
(Position and Title) (Institution)
4. Name of fourth Defendant: _____. The fourth Defendant is employed as:
_____ at _____
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION**CLAIM I**

1. State the constitutional or other federal civil right that was violated: Eighth Amendment - Cruel and Unusual Punishment.

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>SEXUAL ABUSE (PREA).</u> | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On Thursday, June 3, 2021, at approximately 1250 hours in TTA-Medical, I was seen by DANIEL CASSIE, RN. What started out as a routine medical visit, turned deadly, harmful, troubling, embarrassing and disgraceful.

With NO other person present, D. CASSIE, RN, began to stretch and pull hard and forcefully at the waist band of my elastic pants. Then grabbing my penis with his hand. In his hand, He stared bent over it and then hovered closely over it, with his lips wet and quivering, as if He wanted to perform Oral Copulation on Me, there and there. I know Sexual contact and Abuse when I see and feel it.

(This happened to WILLIE LEE BROOKS, II, but he did not give any details. CDCR#: P16665.)

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Pending-

CLAIM II

1. State the constitutional or other federal civil right that was violated: Eighth Amendment - Deliberate Indifference.

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On June 3, 2021, after leaving TTA-Medical, I was so distressed and troubled, that in shame I reported what happened with Mr. CASSIE, to Correctional Officer HUE, 3rd Watch building Staff, #8. I also told Mental Health Staff and my two building Psychologists, both were notified with verity.

The building Correctional Custody Staff notified Program Sergeant, J. DUENAS, he took NO written report or notified the Hiring Authority, as required by (15 CCR § 3401.5(a)(E)(F)(5)(c), and 3401.6)(PREA). Since this SEXUAL Rubbing and Touching by Mr. D. CASSIE, RN, and His details about my PENIS SIZE, shared with the TTA Office Female Staff. I feel violated and disappointed in Mr. D. CASSIE, RN's actions. I'm completely shocked at His behavior along with His petty gossip. About my penis and the other inmate He has done this to.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No
- Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim II to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Pending

CLAIM III

1. State the constitutional or other federal civil right that was violated: Fourth Amendment - Unreasonable Searches

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On Thursday June 3, 2021, D. CASSIE, RN, did an unreasonable body search of my genitals. This unwanted sexual touching made me very uncomfortable. I was at medical (TIA) for arthritis. This unwanted sexual abuse caused nightmares, emotional and physical distressed of mind and body.

Mr. D. CASSIE, RN, not only did a body search, but put my penis in his hand feeling all over it and then he started playing and fondling my Testicles. This was not part of the Doctor's examination. There were two other people this was done to. WILLIE LEE BROOKS II, CDCR#: P16665 at CHCF.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No
- Did you submit a request for administrative relief on Claim III? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim III to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Pending-

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

Declare that the acts, conditions and omissions, violated Plaintiffs,
Eighth and Fourth Amendment Rights to the U.S. Constitution, under
Color of State Law.
Award money damages, compensatory, punitive, and nominal
damages in the amount of \$61,950.00 and any and all further
relief that the Court deems proper and just.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 17, 2022
DATE

X Forrest Gray
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.